

PART B - FEE(S) TRANSMITTAL

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022903 7590 08/21/2006

COOLEY GODWARD LLP
 ATTN: PATENT GROUP
 THE BOWEN BUILDING
 875 15TH STREET, N.W. SUITE 800
 WASHINGTON, DC 20005-2221

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Dolores McKay

(Depositor's name)

Dolores McKay

(Signature)

November 20, 2006

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/844,670	04/30/2001	Radhika Thekkath	MTEC011/00US	8985

TITLE OF INVENTION: TRACING OUT-OF-ORDER LOAD DATA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$0	\$1400	11/21/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
KHATRI, ANIL	2191	717-128000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Cooley Godward Kronish LLP

2 _____
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

MIPS Technologies, Inc.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Mountain View, California (USA)

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies **10**

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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **501283** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date **November 20, 2006**

Typed or printed name **William S. Galliani**

Registration No. **33,885**

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